## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/58/367 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AS FILED AFTER 1"AMENDMENT 2 ™ AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL

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